

## INHALED STEROIDS PA SUMMARY

<b>PREFERRED</b>	Advair Diskus, Advair HFA, Aerobid, Aerobid M, Asmanex, Azmacort, Flovent HFA, Pulmicort Respules, QVAR, All Generic Products.
<b>NON-PREFERRED</b>	Pulmicort Turbohaler, All Branded versions of generic equivalents.

**LENGTH OF AUTHORIZATION: 1 YEAR**

**PA CRITERIA:**

- ❖ Use of 2 preferred different chemical entities in claims history in the past year
- OR:
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the preferred products.

**EXCEPTIONS:**

- ❖ Pulmicort Turbohaler approval is available for pregnant women not currently controlled on other asthma medications.
- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).